

EXHIBIT 36

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Pura Ortiz Pagan
Participant's Address: PO. Box 251 Hormigueros, PR 00660-0251
Participant's Email Address: PURA.ORTIZ75@gmail.com
Name of Counsel: CENTRO DE RECAUDACION DE INGRESOS MUNICIPALES
Address of Counsel: P.O. Box 145387 SAN JUAN P.R. 00918-5387
Email Address of Counsel: https://www.crimpr.net

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: NO. 17 BK 3283 LTS
Nature of Claim: WAGE DISCRIMINATION AND LABOR MARGINALIZATION
By: Pura Ortiz Pagan
Signature
Pura Ortiz Pagan
Print Name

Title (if Participant is not an individual)

08-23-21

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Pura C. Ortiz
PO Box 251
Hormigueros, PR 00660-0251



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